

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 302

Township Blue

Primary Registration District No. 1002

City Kansas City, Mo.

10 C. T.B. Hospital

File No. 36720

Registered No. 36720

St. Mo.

Ward 10

2. FULL NAME

Carl White

(Brunat Missouri)

(a) Residence, No. Brunat, Mo.

St. Mo.

Ward. 10

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10-27-1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

29

11

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Elias White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Arthula Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Kansas City Tuberculosis Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Desano, Mo.

DATE

10/15/37

19. UNDERTAKER (ADDRESS)

Quirk and Tabin  
1 Kansas City, Mo.

20. FILED

10-18-37

M. M. Croome, Esq.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/14/37

22. I HEREBY CERTIFY, That I attended deceased from

July 2<sup>nd</sup>, 1937, to Oct. 14, 1937

I last saw him alive on Oct. 14, 1937. Death is said

to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

23

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Dr. W. H. Croome, Esq.  
Kansas City, Mo.

